

Your Medical Benefit Book

Open Now! You must make a choice.



Welcome to Washington State's
Health Care Programs

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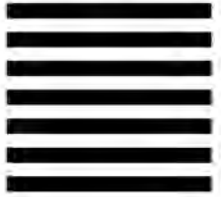
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How do you get your health care?

What is DSHS?

DSHS is the State of Washington's Department of Social and Health Services.

How does DSHS pay for your health care?

DSHS pays for your health care in different ways, depending on where you live or what services you get.

Health plan: DSHS has a medical insurance program called Healthy Options. Through Healthy Options, DSHS contracts with a health insurance plan to cover most of your medical care. When you are in Healthy Options, you pick a plan and go to one clinic or doctor who will be your Primary Care Provider (PCP). Your PCP will give you the care you need or have you go to a specialist. You may still get some services through fee-for-service, such as dental care or eyeglasses.

Health care from a tribal or urban Indian clinic: If you are American Indian or Alaska Native, you may be able to sign-up for the Primary Care Case Management (PCCM) program.

PCCM services are provided through a tribal or urban Indian clinic. The providers at the clinic will give you the care you need or send you to a specialist. The tribal and urban Indian clinics that are PCCM providers are listed in this book. You may still get some services through fee-for-service, such as dental or eyeglasses.

Fee-for-service (not in a health plan or PCCM): If you are not in a health plan or PCCM, you may use any doctor, hospital, or pharmacy that will take DSHS patients. You use your DSHS medical ID card to get all your medical care. The doctor, hospital, or pharmacy will bill DSHS for the services. This is called fee-for-service (FFS). Sometimes it is hard to find providers who will see DSHS patients.



Do you have to pay for health care services?

Usually not... But if you get a service that is not covered by your health plan or DSHS you might have to pay. If you ask for a service that is not covered, you will need to agree to pay for the service before you get it. You may be billed for your health care if you sign an agreement to pay before you get care. (If you sign your name agreeing to pay, be sure to get a copy for your records.)

To make sure you are not billed:

- Always carry **both** your DSHS medical ID card and your health plan ID card with you.
- Know the name of your health plan, Primary Care Provider (PCP), and/or Primary Care Case Management (PCCM) provider.
- Know your health plan and PCCM rules for getting care. There are times when you can be billed if you don't follow the rules of your health plan or PCCM.

If you are not in a health plan but are getting care covered by DSHS (fee-for-service) instead, call the medical provider ahead of time to make sure they will bill DSHS for the service.

If you get a bill for a service you believe is covered, call your health plan or PCCM first. If you still need help, call DSHS at 1-800-562-3022.

What is your DSHS Medical ID card?

Everybody on medical assistance gets a DSHS medical ID card. Your medical ID card tells doctors and other medical providers what medical benefits and services you can get. You need to show your DSHS medical ID card every time you get health care services and prescriptions.

What is your Health Plan ID card?

When you are enrolled in a health plan, you will also get an identification (ID) card from your health plan. You need **both** your DSHS medical ID card and your health plan ID card for medical appointments and prescriptions. If you need care before you get your health plan card, call the DSHS medical assistance help line at 1-800-562-3022.

Do you have to be in a health plan?

Healthy Options is about choice. If we can't give you two plans to choose from, you can choose to have your health care covered by the health plan available in your area or by DSHS as fee-for-service. This will depend on where you live and your family's situation.

People who are American Indian or Alaska Native do not have to sign-up for a health plan. If you are American Indian/Alaska Native, you can also choose to sign-up for PCCM, or choose fee-for-service. Your choices are listed on the Sign-up form in this book.

Check the Sign-up form in this book— it tells you if you have to be in a health plan. If the words "Fee-for-Service" or "Tribal Clinic" are not listed on the form, you have to be in a health plan.

There are still some situations where you don't have to be in a health plan. See the list of reasons below. We will review your reasons and make a decision about whether or not you will be allowed to have an exemption. You must let us know before you get in a health plan, or you may have to stay in that health plan until our decision is made.

Here is a list of reasons to ask for an exemption:

- If you have other health insurance besides DSHS,
- If a child has special health care needs and is getting services from a public health or community health nurse with your county's Children with Special Health Care Needs Program,
- If you are homeless and you will live in a shelter or temporary address for less than four months,
- If you are seeing a doctor or other medical provider who is not with a Healthy Options plan AND this doctor tells us the medical reasons why you need to keep getting your care from him or her,
- If you are deaf or hearing impaired AND want to see a doctor or other medical provider who knows sign language AND this doctor is not with a health plan,
- If you don't speak English AND you want to see a doctor or other medical provider who speaks your language AND the health plan does not have a provider available who can speak your language AND no interpreter is available,
- If a child is placed in foster care, or
- If you become eligible for Medicare or Basic Health.

What are your choices?

Why should you choose a health plan?

With a health plan you have access to medical services 24 hours a day. The health plan will help coordinate your care. Also, you may get some extra services like wellness programs with special gifts, such as bike helmets or car seats for your children. To find out more information, please call the health plans listed at the end of this book.

You may get some extra services like wellness programs with special gifts, such as bike helmets or car seats for your children.



Why should you choose Primary Care Case Management (PCCM) if you are American Indian/Alaska Native?

If you are American Indian/Alaska Native you can have your care managed by a provider who knows your culture, community and health care needs. If you have questions about the PCCM program, talk to your clinic to see if this is a good choice for you.

Why should you choose a health plan or PCCM if you live in an area where you can choose Fee-for-Service?

If you are not in a health plan or PCCM, you may have trouble finding a provider who will give you medical care and bill DSHS for payment (fee-for-service). With a health plan or PCCM, you don't have to worry about trying to find a doctor. You may choose a doctor with the plan or one will be assigned to you. Plus, your doctors will work together to manage all your health needs. If you need to see a specialist, they will arrange it for you without your having to find a specialist on your own who accepts fee-for-service patients.

What happens if you do not tell us your choice?

DSHS will pick a plan or PCCM clinic for you. If a plan has been picked for you, you may not be able to use the doctors, hospitals, and other providers you want. Please call your doctor, pharmacy and specialist to see which plans they accept.

How do you choose your health plan?

How can you find out more about the plans you can choose from?

Each health plan has some information at the end of this book. These pages have:

- A phone number to call if you want to ask questions, and
- The counties that each health plan serves.

What if you have doctors, specialists, hospitals or pharmacies you would like to use?

If there are doctors, specialists, hospitals or pharmacies you would like to use, find out which health plans they are with **before** you sign-up. Some providers are with more than one plan. Remember, the hospitals you can use depend on which hospitals your doctor and health plan uses.

Does everyone in your family have to be in the same health plan?

Yes, everyone in your family who is eligible for Healthy Options has to be in the same health plan unless:

- Your family has American Indian/Alaska Native members, or
- A family member is enrolled in the Patient Review and Coordination (PRC) program.

How do you choose your PCCM?

If you are American Indian/Alaska Native, you should choose the tribal or urban Indian clinic you already go to. In this book there is a list of PCCM clinics.

How do you sign-up for either a health plan or PCCM?

When you have picked your plan or PCCM let us know right away so we can sign you up. It's easy! Just fill out the Sign-up form in this book and drop it in the mail. You don't even need a stamp! Or call DSHS at 1-800-562-3022.

How do you get medical care from your health plan?

What if you do not speak English?

DSHS pays for Interpreter Services at no cost to you. Call your PCP or PCCM clinic ahead of time to get an interpreter for your appointment.

What happens after you sign-up with a health plan?

Once you are signed up, your health plan will send you a plan ID card and information you need to know to get your medical care. Follow your health plan's directions on how to get your medical care. Remember, you will need to show the plan's ID card and your DSHS medical ID card each time you get medical care.

Can you go to any doctor or hospital that you want?

You must use each health plan's doctors and other medical providers. Most of the plans also have certain hospitals and pharmacies you must use. For all of the plans, the hospitals you can use depend on which hospitals your doctor uses. Call the plan's customer service line for more information about their doctors, hospitals and pharmacies. They can give you a list of providers which includes:

- The name, location and phone number,
- The languages spoken,
- The specialty and medical degree, and
- If they are accepting new patients.

Who will take care of most of your health care needs?

You will go to one person in your plan for most or all of your care. This person is called your PCP, which stands for Primary Care Provider. Your PCP can be a doctor, nurse practitioner, or physician assistant. If you need care from a specialist or other provider, your PCP will help you find the right specialist and give you a referral.

Can you change your PCP?

Yes! You may pick a different PCP as long as they are with your health plan. To do this, call your health plan. Most PCP changes will take place the first day of the next month.



NOTE: If you are enrolled in the Patient Review and Coordination (PRC) program you will be limited in changing PCPs.

Can you and others in your family have different PCPs?

Yes! You and family members can have different PCPs as long as all of them are in the health plan you pick. Call your health plan to pick the PCP you want.



What if you or a family member has a medical service (like surgery) that is already scheduled?

Call the health plan you are choosing right away to let them know about the medical service so they can help you get the care you need. There is a place on the Sign-up form for this information. We will give this information to the health plans.

Yes! You and family members can have different PCPs as long as all of them are in the health plan you pick.

Can you get care for women's health care, including pregnancy, without a referral from your PCP?

Yes! You do not need a referral (permission) from your PCP to get pregnancy or other women's health care as long as the provider you choose is in your health plan.

How do I get care in an emergency or when I am away from home?

Emergency care: An emergency is a sudden or severe health problem that needs treatment right away. If you think you have an emergency, no matter where you are, call 911 or go to the nearest emergency room.

Medical care away from home: If you need to see a doctor while you are away from home, call your PCP or your health plan. They will help you get the care you need.

What if you are not happy with your health plan?

You can change health plans by calling DSHS at 1-800-562-3022. If you are not happy with the way you have been treated or have been denied a medical service, you should contact your health plan and let them know. Your health plan will help you file a grievance (complaint) or an appeal. If you are still unhappy after the appeal, you may ask for a DSHS Hearing. See the section on Grievances and Appeals.



NOTE: If you are enrolled in the Patient Review and Coordination Program, you need to stay with one health plan for one year. You will remain in this program if you are in a health plan or in fee-for-service.

What happens if you move?

If you move, you may need to change how you get your care. Be sure to call your local Community Service Office (CSO) to let them know you moved. Also, call your health plan; they will tell you if you need to make changes.

What happens if the plan says you are no longer covered?

Call DSHS at 1-800-562-3022.



NOTE: If you become eligible again and you have been out of the health plan for less than two months, you will be placed back in the same health plan without hearing from us.

What if you are American Indian or Alaska Native?

If you are an American Indian or Alaska Native you have these (3) three choices:

1. You can sign-up for a Tribal clinic or health center, PCCM (Primary Care Case Management) clinic that is run by a tribe, Indian Health Services, or an Urban Indian Organization. To see if there is one near you, check the list of PCCM clinics in this book.

If you choose PCCM as the way to get your medical care, the Tribal clinic (or Urban Indian Clinic in Seattle and Spokane) will help coordinate your care and get you referrals for services that aren't provided at the clinic. Services are provided by people who know your culture. The clinic can help you get rides to medical appointments and interpreter services if you need them.

2. You can sign-up for a Healthy Options health plan and get your care from the doctors and other providers who are part of that plan.
3. You can ask for an exemption: this means that you do not have to sign-up for a health plan or for a Tribal clinic. If you ask for an exemption, you can go to any doctor or provider who agrees to provide you care and bill DSHS. Before you ask for an exemption, it's a good idea to call the doctors and other medical providers you want to use to be sure they will take you as a fee-for-service patient.

How do you tell us your choices?

You need to call us at 1-800-562-3022. If you are American Indian or Alaska Native and all three choices are not listed on the Sign-up form in the front of this book, call and tell us so we can help you.

What happens if you don't call us?

If you don't call us, DSHS will make a choice for you. This book tells you how you will get your care if you don't tell us your choice. If DSHS makes a choice you don't want, call us at 1-800-562-3022 and ask to make a change.

What happens if some people in your household are American Indian or Alaska Native and others are not?

Usually, family members on Healthy Options who are not American Indian or Alaska Native must be in a health plan. There is one exception. If a family member is American Indian or Alaska Native and signs up for a Tribal clinic, the other family members can also sign-up for the same Tribal clinic if the Tribal clinic approves. Check with your local Tribal clinic to see if members of your household who are not American Indian or Alaska Native can get their care at the Tribal clinic along with household members who are American Indian or Alaska Native.

Primary Care Case Management (PCCM) Clinics

This page gives tribe names, phone numbers, and locations of the PCCM clinics. The PCCM clinics may be a tribal health center, an Indian Health Service clinic, or an urban Indian organization.

TRIBE	NAME AND LOCATION(S) OF CLINIC	PHONE NUMBER
Any tribe	Seattle Indian Health Board – Seattle	206-324-9360
Any tribe	NATIVE Health Clinic – Spokane	509-483-7535
Colville	Inchelium and Sanpoil Valley Health Center – Inchelium and Keller	509-722-7006
Colville	Colville Indian Health Center* - Nespelem and Omak	509-634-2900
Lower Elwha Klallam	Lower Elwha Health Center – Port Angeles	360-452-6252
Lummi	Lummi Tribal Health Center - Bellingham	360-384-0464
Nooksack	Nooksack Community Clinic - Everson	360-966-2106
Port Gamble S’Klallam	Port Gamble S’Klallam Health Center - Kingston	360-297-2840
Puyallup	Takopid Health Center – Tacoma	253-593-0232
Quileute	Quileute Health Center – LaPush	360-374-9035
Quinault	Roger Saux Health Center – Taholah	360-276-4405
Shoalwater Bay	Shoalwater Bay Wellness Center – Tokeland	360-267-0119
Skokomish	Skokomish Health Center – Skokomish	360-426-5755
Spokane	David C. Wynecoop Memorial Clinic* - Wellpinit	509-258-4517
Tulalip	Tulalip Tribes Health Center – Tulalip	360-651-4511
Yakama	Yakama Indian Health Center* - Toppenish and White Swan	509-865-2102

**Federally recognized tribal status must be verified to receive services at this site.*

What are your medical benefits?

DSHS covers the following benefits and services when medically necessary whether you get health care through a Healthy Options health plan, a PCCM clinic, or Fee-for-Service.

What benefits are covered by the health plans?

Health plans may cover more services than the ones listed below. They may also require you to get a referral (permission) for some services. Your PCP will help you get the care you need. Call the health plan's customer service line for more information.

- Ambulance
 - Blood and blood products
 - Chiropractic care for children (Only when referred from a well child exam)
 - Dialysis
 - Eye exams
 - Family planning and birth control
 - Health education for diabetes and heart disease
 - Home health and hospice care
 - Hospital care (including Emergency room, inpatient, and outpatient services)
 - Immunizations (shots)
 - Lab and X-ray services
 - Maternity care and women's health care
 - Medical supplies and equipment
 - Outpatient Mental Health services (limited to 20 hours for children 18 years and younger and 12 hours for adults) Call the health plan/PCCM for specific information.
 - Office visits
 - Oxygen/Respiratory therapy
 - Pharmacy/Prescriptions (Check your plan's drug list to make sure the medicine you are currently taking is covered by your health plan)
 - Physical, occupational, and speech therapy
 - Smoking cessation
 - Specialty care when referred by your PCP
 - Surgery in a hospital or in an ambulatory surgery center
 - Tissue and organ transplants
 - Urgent/Emergent care
 - Well child checkups/EPSTD and follow-up care
- EPSTD stands for Early and Periodic Screening, Diagnosis, and Treatment. EPSTD includes regular checkups to make sure people under 21 years old get the preventive care they need to catch and treat health problems at an early stage. These EPSTD checkups (well-child exams) include:
 - A complete physical exam with health and developmental history
 - Immunizations (shots) and lab tests
 - Screens for: Vision; Hearing; Dental health; Mental Health; and Substance Abuse

What benefits are covered by the health plans/PCCMs or fee-for-service?

You can get some services from your health plan/PCCM or you can go directly to a local health department or family planning clinic. You do not need a referral (permission) from the health plan for the following:

- Family Planning services and birth control
- HIV and AIDS testing
- Immunizations
- Sexually transmitted disease treatment and follow-up care
- TB screening and follow-up care

What benefits are covered ONLY fee-for-service?

The following benefits and services are covered by DSHS fee-for-service. The health plans will not pay for these services. You must find a provider who will bill DSHS for payment.

- Dental care with limited orthodontics (braces)
- Eyeglasses and fitting services
- First Steps Services
- Prenatal genetic counseling
- Hearing aids
- Interpreter services for medical visits
- Crisis mental health services
- Inpatient psychiatric services
- Outpatient mental health services when approved by the Regional Support Network (RSN) and provided by your local Community Mental Health Agency
- Neurodevelopmental services at DSHS approved centers
- Protease Inhibitors (a special medication used in treating AIDS)
- School Medical Services for special needs students
- Services covered by the Aging and Disabilities Services Administration (nursing homes, community-based services)
 - Services covered by the Division of Developmental Disabilities
 - Sterilizations (surgery for birth control) when younger than age 21
 - Substance abuse treatment including getting alcohol and drugs out of your body
 - Surgery for weight loss (only with approval from DSHS first)
 - Transportation (a ride other than an ambulance) to medical appointments
 - Voluntary pregnancy terminations (abortions)



What benefits are NOT covered by DSHS?

Benefits and services listed below are examples of services NOT covered by the health plans, PCCM or fee-for-service. If you get any of these services you may have to pay for them yourself. Call the health plan's customer service line or the medical assistance helpline for more information.

- Acupuncture, Christian Science practice, faith healing, herbal therapy, homeopathy, massage, massage therapy, or naturopathy
- Chiropractic care for adults
- Cosmetic surgery (such as tattoo removal, face lifts, ear or body piercing, or sex change operations)
- Court-ordered services when not medically necessary
- Diagnosis and treatment of infertility, impotence, and sexual dysfunction
- Experimental or investigational services
- Medical exams for Social Security Disability benefits
- Medical services while in jail
- Marriage counseling and sex therapy
- Personal comfort items
- Physical exams needed for employment, insurance, or licensing
- Reversal of voluntary surgical sterilizations (surgery for birth control)
- Services not allowed by federal or state law
- Weight reduction and control services, procedures, treatments, devices, drugs, products, gym memberships, equipment for the purpose of weight reduction, or the application of associated services



If you have a question about a benefit or service not listed here, call your health plan's Customer Service line or the DSHS medical assistance helpline at 1-800-562-3022.

If you have a question about a benefit or service not listed here, call your health plan's Customer Service line.

What are your rights and responsibilities?

You have the right to:

- Help make decisions about your health care, including refusing treatment,
- Be informed about all treatment options available regardless of cost,
- Get services without having to wait too long,
- Be treated with respect. Discrimination is not allowed. No one can be treated differently or unfairly because of their race, color, national origin, sex, sexual preference, age, religion, creed or disability,
- Speak freely about your health care and concerns without any bad results,
- Have your records and information about your care kept confidential (private),
- Ask for and get copies of your medical records,
- Ask for and have corrections made to your medical records when needed, and
- Ask for and get information about:
 - Your health care;
 - Your doctor and how referrals are made to specialists and other providers;
 - How the health plan pays for care - call your health plan to ask for this information;
 - All options for care and why you are getting certain kinds of care;
 - Your health plan; and
 - Covered services.

You have the responsibility to:

- Help make decisions about your health care, including refusing treatment,
- Keep appointments and be on time (call the office if you are going to be late or if you have to cancel the appointment),
- Give your doctors the information they need to get paid for providing services to you,
- Bring your DSHS medical ID card and health plan ID card to all of your appointments,
- Learn about your health plan and what services are covered,
- Show your doctors the same respect you want from them,
- Give your doctors complete information about your health so you can get the care you need,
- Follow your doctor's instructions, and
- Use health services appropriately or you may be enrolled in the Patient Review and Coordination Program.
 - In this program, you are assigned to one primary care provider, one pharmacy, one prescriber for controlled substances and one hospital for non-emergent care.
 - You also stay in your plan for at least 12 months.

Other Important Information

Advance Directives

An Advance Directive puts your choices for health care into writing. It may also name someone to speak for you if you are not able to speak for yourself. Having an Advance Directive means that your loved ones or your doctor will not have to make medical choices for you without your guidance.

Washington State Law has two kinds of Advance Directives:

- (1) Durable Power of Attorney for Health Care. This names another person to make medical decisions for you if you are not able to make them for yourself.
- (2) Healthcare Directive (living will). This is a written statement that tells people whether or not you want treatments to prolong your life. If you want to be allowed to die naturally, you can put it writing with this document.

You can cancel an Advance Directive at any time. Talk to your doctor, family, friends and those close to you. Put decisions about your medical care in writing now. Your health plan or your doctor can give you more information about advance directives.

Grievances and Appeals



NOTE: The information in this section applies to you only if you are enrolled in a Healthy Options health plan. If you are enrolled in PCCM, call DSHS at 1-800-562-3022.

Grievances or complaints can be about:

- A problem with your doctor's office,
- Getting a bill from your doctor, or
- Any other problems you may have getting health care.

Your health plan must respond to your grievance (complaint) in 30 days.



Things to know if a medical service is denied...there are time limits

A **denial** is when your health plan does not approve or pay for a service that either you or your doctor asked for. When a plan denies a service, it is called an action.

An **action** is when your health plan sends you a letter about the denied service or ends a medical service you or your doctor asked for. It will also let you know about your rights if you or your doctors do not agree with the plan's decision. Once you get a denial letter, you have 90 days to ask for an appeal.

Is it urgent? For urgent medical conditions, you or your doctor can ask for an expedited (quick) review or hearing. A decision will be made about your care within 72 hours.

An **appeal** is when you or your doctor asks the health plan to review your case because you disagree with the action. You only have 10 days to ask for an appeal if you want to keep getting a service that you are already getting while the plan reviews its denial. Your plan must send you a letter giving its final decision within 45 days.

If you still disagree with the appeal decision, you have the right to ask DSHS for a hearing within 90 days. A **hearing** is when you ask DSHS to review your case after your plan denied your appeal. To ask for a DSHS Hearing:

- Call the Office of Administrative Hearings (www.oah.wa.gov) at 1-800-583-8271, or write to them at: P.O. Box 42489, Olympia, Washington, 98504-2489.
- Tell the Office of Administrative Hearings the reason for the hearing, what service was denied; the date it was denied; and the date that the appeal was denied. Also, be sure to give them your name, address, and phone number.
- You may talk with a lawyer or have another person represent you at the hearing. If you need help finding a lawyer call the NW Justice CLEAR line at 888-201-1014, weekdays from 9:15 a.m. until 12:15 p.m., and Tuesdays from 3:30 p.m. until 6:15 p.m., or visit their web site at <http://www.nwjustice.org/>

After the hearing, DSHS will send you a letter with its decision within 45 days. If you disagree with the hearing decision, you have the right to ask your plan for a review by an **Independent Review Organization (IRO)**. An IRO is a group of doctors, who do not work for your plan, who will review your case. You have 180 days to call your plan and ask for a review by an IRO.

If you are not happy with the decision of the IRO, you can have the DSHS **Board of Appeals** review your case. You only have 21 days to ask the DSHS Board of Appeals to review the IRO's decision after getting your IRO decision letter. The Board of Appeals decision is final. You can ask for a Board of Appeals review by:

- Calling 1-877-351-0002 (TTD only: 360-664-6178), or
- Writing to the DSHS Board of Appeals at P.O. Box 45803 Olympia, WA 98504-5803.



NOTE: If you keep getting a service during any of the review steps and the service is still denied, you may have to pay for the services you received.

DSHS Healthy Options Health Plans

All Healthy Options health plans provide the same basic benefits and services described in this book. The table below gives you information on how to contact each plan for specific questions. It also tells you which county each plan serves.

Health Plan Name and Customer Service Information	Available in Counties	Health Plan Specific Information
Asuris Northwest Health (ANH) 866-240-9560 Mon-Fri 7:30 AM – 5:00 PM www.asurisnorthwesthealth.com	Spokane	<p>Asuris Northwest Health is a Regence affiliate.</p> <p>Asuris Northwest Health offers a free glucose monitor program for diabetics, with fitness club and weight management discount programs through Asuris Advantages.</p> <p>Asuris Northwest Health has an extensive Primary Care and Specialty provider network and the Special Beginnings Prenatal Program.</p>
Columbia United Providers (CUP) 800-315-7862 or 360-891-1520 Mon-Fri 8:00 AM – 5:00 PM www.cuphealth.com	Clark	<p>High quality health care and medical service.</p> <p>Friendly Customer Service Specialist whose goals are to help you get what you need.</p> <p>Large network of Primary Care and Specialty Care providers.</p> <p>Case management and health education programs for members with chronic health conditions or special healthcare needs.</p>
Community Health Plan (CHP) 800-440-1561 Mon-Fri 8:00 AM – 6:00 PM www.chpw.org	Adams, Benton, Chelan, Clark, Cowlitz, Douglas, Ferry, Franklin, Grant, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific*, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, and Yakima <i>* Only in limited areas of Pacific County</i>	<p>At Community Health Plan, our Children First™ program rewards members for getting the important care they need.</p> <p>If you are pregnant and a Community Health Plan member who completes the Children First™ program, you can get a FREE car seat.</p> <p>Children who complete the Children First™ program could be eligible to get all of the following FREE items:</p> <ul style="list-style-type: none"> • Children's Books • Booster Seat • School Backpack • Bike Helmet • Baby Welcome Kit

Health Plan Name and Customer Service Information	Available in Counties	Health Plan Specific Information
Group Health Cooperative (GHC) 888-901-4636 www.ghc.org	All areas of Kitsap and Spokane Counties. <i>Limited areas in King and Pierce Counties.</i>	<p>When you receive your care at a Group Health Medical Center, through our enhanced online services, you can do the following by simply visiting our website and logging onto your personal secured account:</p> <ul style="list-style-type: none"> • Refill prescriptions • E-mail your doctor • Request appointments • See online medical records <p>Also, for your convenience, at Group Health your doctor, lab and pharmacy are all in the same location.</p>
Molina Healthcare of Washington, Inc 800-869-7165 Mon-Fri 7:30 AM – 5:30 PM www.molinahealthcare.com	Adams, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, and Yakima	<p>At Molina Healthcare we care about keeping you well.</p> <p>If you are pregnant and complete our Prenatal or After-Delivery Program, you can get one of the following:</p> <ul style="list-style-type: none"> • An infant car or booster seat • A digital thermometer, immunization record card for your baby or a "Baby Go to Sleep" CD <p>If you are a child and complete our Well-child exam program, you can get:</p> <ul style="list-style-type: none"> • Child ID and Records Kit • \$10 Safeway gift card • Bike helmet, or • Video rental gift card
Regence BlueShield 800-669-8791 Mon-Fri 8:00 AM – 5:00 PM www.wa.regence.com	Clallam, Grays Harbor, Island, Pacific, Pierce, San Juan, Skagit, Snohomish* and Yakima <i>* Limited area in Snohomish County – only if your zip code is 98282 or 98292.</i>	<p>Regence BlueShield is held to the National Blue Cross and Blue Shield Association's standards for customer service and claims processing.</p> <p>Regence BlueShield offers a free glucose monitor program for diabetics, with fitness club and weight management discount programs through Regence Advantages.</p> <p>Regence BlueShield offers an extensive Primary Care and specialty care provider network and the Special Beginnings Prenatal Program.</p>

